# \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

|                         | · · ·       | the 2017 Calendar year, or tax year beginning  | and ending                                |                            |  |
|-------------------------|-------------|--|---|----------------------------|--|
| В                       | Chec        |  | and ending                                | D Employer identi          | ification number                               |
| Г                       |             | ddress Financial Services Poundtable   |   |                            | incation number                                |
| Ī                       | -JN         | Gorages Financial Services Roundtable Doing business as  |   |                            |  |
| Ĭ                       |             | Number and street (or P.O. box if mail is not delivered to street address)   |   |                            | 0753125  |
|                         | Fr          | 600 13th Street, NW  | Room/suite                                |                            |  |
|                         | te<br>at    | City or town, state or province, country, and ZID as facility  | 400                                       |                            | <u>2) 289-4322</u>                             |
|                         |             | tum / Washington, DC 20005   | le  | G Gross receipts \$        | 22,845,334                                     |
| Ĺ                       | Ar          | F Name and address of principal officer Timothy Pawlents   | <del></del>                               | H(a) is this a group       |  |
|                         |             | <u>same as</u> C above   | Z   | for subordinate            |  |
| 1                       |             | exempt status: 501(c)(3) X 501(c) ( 6 ) (insert no.) 4947  | (a)(1) or 527                             | H(b) Are all subordinates  | included? Yes No<br>a list. (see instructions) |
|                         |             | osite: Www.Dpl.com   | . X ( = = = = = = = = = = = = = = = = = = | H(c) Group exemption       | a list. (see instructions)                     |
|                         |             | 1 Summary Corporation Trust X Association Other  | L Year                                    | of formation: 1994         | M State of legal domicile: DC                  |
|                         |             |  |   |                            |  |
| Activities & Governance | ]           |  | comotes t                                 | he business                | of banking                                     |
| Ē                       | 2           | and financial services and encourages  | the deve                                  | lopment of                 | sound  |
| SVB.                    | 3           | Number of voting members of the save in the large transfer of the large transfer of the save in the large transfer of the larg | disposed of more                          | than 25% of its net a      | ssets  |
| Ğ                       | 4           | Number of independent voting members of the government and the   |   | 3                          | 25   |
| Se                      | 5           | Number of independent voting members of the governing body (Part VI, line Total number of individuals employed in calendar year 2017 (Part V, line 2a)   | 1b)                                       | 4                          | 25   |
| ž                       | 6           | Total number of volunteers (estimate if necessary)  a Total unrelated business revenue from Part VIII. solumn (C) lim 10.  |   | <u>5</u>                   | 85   |
| Ę                       | 7           | a Total unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business tayable income from Farm Same 200 T. in |   | 6                          | 0  |
| _                       | _           | b Net unrelated business taxable income from Form 990-T, line 34   |   |                            | 640,717.                                       |
|                         |             |  |   |                            | 578,236.                                       |
| 9                       | 8           | Contributions and grants (Part VIII, line 1h)  | <u> </u>                                  | Prior Year 17,752.         | Current Year                                   |
| Revenue                 | 9           | r rogram service revenue (Part VIII, line 2g)  |   | 21,079,349.                | 200,000.                                       |
| ě                       | 10          | investment income (Part VIII, Column (A), lines 3, 4, and 7d)  |   | 42,509.                    | 21,908,143.                                    |
| _                       | 11          | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |   | 224,050.                   | 72,040.<br>665,151.                            |
|                         | 12          | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1   | 12)                                       | 21,363,660.                | 22,845,334.                                    |
|                         | 13          | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |   | 20,000.                    | 35,000.  |
|                         | 14          | Deficits paid to or for members (Part IX, column (A), line 4)  | _   | 0.                         | 33,000.  |
| Expenses                | 15          | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.   | 10)                                       | 13,149,826.                | 13,167,328.                                    |
| De L                    | 105         | a Floressional fundraising fees (Part IX, column (A), line 11e)  |   | 0.                         | 0.   |
| Ä                       | ı ~         | Total fulfulaising expenses (Part IX, column (D), line 25)   | n I                                       |                            |  |
|                         | 18          | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |   | 7,025,523.                 |  |
|                         |             | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 2   | 20,195,349.                | 21,818,518.                                    |
| Soci                    | <u> </u>    | Revenue less expenses, Subtract line 18 from line 12   |   | 1,168,311.                 | 1,026,816.                                     |
| sets                    | 20          | Total assets (Part X, line 16) Total liabilities (Part X, line 26)   |   | inning of Current Year     | End of Year                                    |
| Net Asse<br>Fund Bal    | 21          | Total liabilities (Part X, line 26)  |   | 9,443,610.                 | 16,778,117.                                    |
| 캶                       | 22          | Net assets or fund balances. Subtract line 21 from line 20   |   | 9,751,705.                 | 5,640,048.                                     |
|                         |             | Signature Block  |   | 9,691,905.                 | 11,138,069.                                    |
| Unde                    | r pen       | afties of perjury, I declare that I have examined this return, including accompanying sched  | dules and statemen                        | ite and to the heat of mi- | Impulador and the end                          |
| true,                   | corre       | ct, and complete. Declaration of preparer (other than officer) is based on all information o   | f which preparer h                        | as, and to the best of my  | knowledge and deliet, it is                    |
|                         |             | 1 <b>.</b>   | топ рторыгот п                            | as any knowledge.          | <del></del>                                    |
| Sign                    |             | Signature of officer   |   | Date                       |  |
| Here                    | •           | George Forsberg, Chief Financial Off   | icer                                      |                            |  |
|                         |             | Private of print frame and title   |   |                            |  |
| Paid                    |             | Print/Type preparer's name Preparer's signature  | Dat                                       | GREEK                      | PTIN   |
| Prepa                   | arer        | NICOLE M. Prince, CPA  | rener 11                                  | /07/18 self-employed       | P01315245                                      |
| Use (                   |             |  |   | Firm's EIN                 | 58-2676261                                     |
| (                       | - <b> y</b> | Firm's address 8300 Boone Boulevard, Suite 60  | 0   |                            |  |
| Mav                     | the IF      | Vienna, VA 22182   |   | Phone no. ( 7 0            | 3) 893-0300                                    |
| 73200                   | 1 11-2      | AS discuss this return with the preparer shown above? (see instructions) 8-17 LHA For Paperwork Reduction Act Notice, see the separate instruc-  |   |                            | X Yes No                                       |
|                         |             | THE PART OF THE PROPERTY OF TH | -47                                       |                            | 200  |

Total program service expenses

Form 990 (2017)

| 1   | organization described in section 501(C)(3) or 4947(a)(1) (other than a private foundation)?   | _      | Yes        | S No         |
|-----|--|--------|------------|--------------|
| 2   | ii res, complete schedule A  | 1      | 1          | X            |
| 3   |  | 2      | X          | +            |
| •   | public office? If Yes, complete Schedule C, Part I   |        | † <u> </u> | †            |
| 4   | during the teams of (6/10) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection in effe | t l    | +          | X            |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives marsh and is de-   |        | ↓          | <del> </del> |
| 6   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | 5      | х          | <u> </u>     |
| 7   | provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to Did the organization receive or hold a conservation easement, including easements to preserve open space,   | 6      |            | x            |
|     | and arrival more, historic land areas, or historic structures? If "Yes " complete School in D. Down II   |        |            |              |
| 8   | Schedule D, Part III   | 7      | <br>       | X            |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide coefficients.   | 8      | <u> </u>   | X            |
|     | If Yes, complete Schedule D, Part IV   |        |            |              |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following quantities is "Yes," If the organization or quasi-endowments and the following quantities is "Yes," If the organization of the following quantities is "Yes," If the organization of the following quantities is "Yes," If the organization of the following quantities is "Yes," If the organization of the following quantities is "Yes," If the organization of the following quantities is "Yes," If the organization of the following quantities is "Yes," If the organization of the following quantities is "Yes," If the organization of the following quantities is a second or the organization of the following quantities is a second or the organization of the following quantities is a second or the organization of the following quantities is a second or the organization or the or | 9      | -          | <u> </u>     |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable  | 10     |            | X            |
| а   | wphodolo.  |        |            |              |
| Ī   | Part VI  |        | v          | ĺ            |
| b   | substitution report an amount for investments other securities in Part X line 12 that is 500 as the securities   | 11a    | <u> </u>   |              |
|     | additional teported in Part X, line 167 if Yes, complete Schedule D. Part VII  | 116    |            | Х            |
| С   | Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII  |        | _          |              |
| d   | o more of its total annual to out of assets if Part A. line 15 that is 5% or more of its total annual annua | 11c    | -          | <u>X</u>     |
|     | Tark A, line 10 th Test, Complete Schedule D, Part IX  | 11d    | х          |              |
| e   | and all amount for other liabilities in Part X line 252 if "Yes " complete School to B. D. J. V.   | 11e    | X          |              |
| f   | The trib organization is separate or consolidated financial statements for the tay year include a feetnate that add and  | 110    |            |              |
|     | The argument of the certain tax positions under FIN 48 (ASC 740)2 if "Yes " complete Schooling D. Complete Sch | 111    | x          |              |
|     | Schedule D, Parts XI and XII   |        | $\neg$     |              |
| b   | was the organization included in consolidated, independent audited financial etatements for the decision of  | 12a    | <u>X</u>   |              |
|     | The stand if the digarization answered "No" to line 12a, then completing Schedule D. Porte Vi and VI in antique  | 40.    |            | v            |
| 13  | The organization a school described in section 17Ω(b)(1)(Δ)(ii)2 If "Ves " complete Celesticia E   | 12b    | <b></b> ⊦  | <u>X</u> _   |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 13     |            | X            |
| b   | The state of the s | 14a    |            | <u>~</u>     |
|     | Treatment, and program service activities outside the United States or aggregate facility  |        |            |              |
| 15  | or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  | 14b    |            | X            |
|     | Total organization? If the scoredule F, Parts II and IV  | 15     | ľ          | X            |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16     |            | X            |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I   |        | $\dashv$   |              |
|     |  | 17     | —∔         | <u>X</u> _   |
|     | To and dat it it res, complete schedule G, Part II   | 18     |            | X            |
|     |  | $\neg$ | $\neg$     |              |
|     | complete Schedule G, Part III  | 19     |            | X            |

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," Х 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity X within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note. All Form 990 filers are required to complete Schedule O Form 990 (2017)

# Form 990 (2017) Financial Services Roundtable Part V Statements Regarding Other IRS Filings and Tax Compliance

|        | Check if Schedule O contains a response or note to any line in this Part V   |               |   |      |        |    |
|--------|--|---------------|---|------|--------|----|
| 1:     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 1.1           |   |      | Yes    |    |
| -      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1a            | 5                                       |      |        |    |
| •      | Did the organization comply with backup withholding rules for reportable payments to vendors and   | _ <u>1b  </u> |   | 0    | 1      | П  |
|        | (gambling) winnings to prize winners?  Enter the number of employees reported an Form M/3. Trace in the first to vendors and   | reportabl     | e gaming                                |      |        |    |
| 2:     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  | T             |   | 1c   | X      | L  |
|        | filed for the calendar year ending with or within the year covered by this return  | 1_1           |   |      |        | 1  |
| t      | If at least one is reported on line 2a, did the organization file all required federal employment tax return.  |               |   | 힉    | 100    |    |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction bid the organization have unrelated business greater than 250.   | ıms?          |   | 2b   | X      | ┸  |
| За     | The trig to the control of the contr |               |   |      |        |    |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule  At any time during the calendar year did the assessment of the second of the |               |   | 3a   | X      | ↓_ |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other  |               |   | 3b   | X      | ↓_ |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes " enter the name of the foreign country."   | authority     | over, a                                 |      |        | Ĺ  |
| b      | If "Yes," enter the name of the foreign country:   | account)      | ?                                       | 4a   |        | 2  |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A   |               |   |      |        |    |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | Accounts      | (FBAR).                                 |      | 20     |    |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transi-  |               |   | 5a   |        | X  |
| С      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | action?       |   | 5b_  |        | K  |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to  |               |   | 5c   |        | L  |
|        | any contributions that were not tax deductible as charitable contributions?  | ne organi;    | zation solicit                          | 1 1  |        | ı  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions?   |               |   | 6a   |        | K  |
|        | were not tax deductible?   | tions or gi   | ifts                                    |      |        |    |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |               |   | 6b   |        |    |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and   |               | -                                       | 0.00 |        |    |
| b      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set if "Yes," did the organization notify the donor of the value of the goods or services provided?  |               |   | 7a   |        |    |
| ¢      | Did the organization self exchange or otherwise disease of the goods or services provided?   |               |   | 7b   |        |    |
|        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it we to file Form 8282?   | as require    | ed                                      |      |        |    |
| d      | If "Yes " indicate the number of Farmaneses."  |               |   | 7c   |        |    |
| е      | Did the organization receive any funds, directly or indiversely as | 7d            |   | 436  | 3      |    |
| f      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums directly as in indirectly as in the premiums of the premium of the  | ontract?      | *************************************** | 7e   |        |    |
| 9      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual accounts.   | act?          |   | 7f   | $\Box$ |    |
| h      | If the organization received a contribution of qualified intellectual property, did the organization file Fo   | rm 8899       | as required?                            | 7g   | $\Box$ |    |
|        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining dones at the office of the contributions of cars.  | tion file a   | Form 1098-C?                            | 7h   |        |    |
|        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business heldings at a second fund.  |               |   | 100  |        |    |
|        | sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  |               |   | 8    |        |    |
| а      | Did the sponsoring organization make apprehensive that the state of th |               |   |      | 1      |    |
| b      | Did the sponsoring organization make any taxable distributions under section 4966?   |               |   | 9a   | _      |    |
|        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:   |               |   | 9b   | $\Box$ |    |
| а      | Initiation fees and capital contributions instead at a Section 1   |               |   |      |        |    |
| –<br>b | Initiation fees and capital contributions included on Part VIII, line 12   | 10a           |   |      |        |    |
| _      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  | 10b           |   |      |        |    |
| а      | Gross income from members or about a little  |               |   | 1 8  |        |    |
| <br>b  | Gross income from members or shareholders  | <u>11a</u>    |   |      | 77     |    |
| •      | Gross income from other sources (Do not net amounts due or paid to other sources against   | 1             |   |      |        |    |
| a :    | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts (a the   | 11b           |   |      |        |    |
|        | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 041?          |   | 12a  | Ì      |    |
| ,      | f "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b           |   |      |        |    |
| 1      | Section 501(c)(29) qualified nonprofit health insurance issuers.   | _             |   |      |        |    |
|        | s the organization licensed to issue qualified health plans in more than one state?  |               | [                                       | 13a  |        |    |
|        | of an anathoris for additional information the organization must report on Schedule O  |               |   |      |        |    |
|        | Inter the amount of reserves the organization is required to maintain by the states in which the   |               |   |      |        |    |
|        | riganization is licensed to issue qualified health plans   | 13b           |   |      |        |    |
| _      | ine amount of reserves on nang   | 13c           |   |      |        |    |
| _      | The state of the state of the providents to the topology decides the second of the sec |               |   | 14a  | 1      | X  |
|        | THE LIGHT THAT I SAME 700 to see and the contract of the same of the contract  |               |   |      |        |    |

Form 990 (2017) Financial Services Roundtable 36-0753125 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Section   | the control of the property of | 5000              | 250200           | X  |
|---|--|-------------------|------------------|--|
| Section   | Check if Schedule O contains a response or note to any line in this Part VI  | 7.11.             |                  |  |
|   | n A. Governing Body and Management   | T                 | Yes              | No   |
|   | 25   |                   |                  | 74   |
| 1a En   | the the number of voting members of the governing good at the end of the tax year  |                   |                  |  |
| if ti   | there are material differences in voting rights among members of the governing body, or if the governing   |                   | 40               |  |
| bod   | dy delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  |                   |                  |  |
| b En  | the sumbor of voting members included in line 13, above, who are independent   |                   |                  |  |
| 2 Die   | d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   | 2                 |                  | X  |
| off   | ficer, director, trustee, or key employee?   | -                 | $\dashv$         |  |
| 3 Die   | id the organization delegate control over management duties customarily performed by or under the direct supervision   | 3                 | -                | Х  |
| - 6   | settlement directors, or trustees, or key employees to a management company or other person?   | 4                 | $\dashv$         | X  |
| 4 Di  | id the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 5                 |                  | X  |
| 5 Die   | id the organization become aware during the year of a significant diversion of the organization's assets?  | 6                 | X                |  |
| 6 Di  | id the organization have members or stockholders?  | •                 |                  |  |
| 7a Di   | id the organization have members, stockholders, or other persons who had the power to elect or appoint one or  | <br>  7a          | x                |  |
|   | pero members of the governing body?  | /a                |                  |  |
| b Ar  | re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or  | <sub>76</sub>     | x                |  |
|   |  |                   |                  | lament.  |
| o Ni  | id the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.   | 0                 | х                |  |
| a Th  | he governing hody?   | 8a<br>8b          | X                | <del>                                     </del> |
| h C   | ach committee with authority to act on behalf of the governing body?   | -00               | <u> </u>         | <del></del>                                      |
| 0 10  | s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the  | 9                 | l '              | x  |
|   | and address? If "Yes " provide the names and addresses in Schedule U   | 9_                |                  |  |
| Section   | on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |                   | Yes              | No   |
| -   |  | 40-               | 162              | X  |
| 10a D   | Did the organization have local chapters, branches, or affiliates?   | 10a               | ├──              | 1  |
| h If  | f "Ves." did the organization have written policies and procedures governing the activities of such chapters, amiliates,   |                   |                  |  |
|   | branches to encure their operations are consistent with the organization's exempt purposes?  | 10b               | x                | -  |
| 11a H   | has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a               |                  |  |
| h D   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | 1.0               | x                |  |
| 40- D   | 2id the examination have a written conflict of interest policy? If "No," go to line 13   | 12a               | X                | +  |
| L 18  | More officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts:  | 12b               | <del>  ^</del>   | ┼─   |
| c D   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   | 1                 | x                |  |
| ir  | n Schedule O how this was done   | 12c               | <del>  x</del>   | ┼-   |
| 13 D  | Did the organization have a written whistleblower policy?  | 13                | <del>  x</del> − | +  |
| 4A F  | Did the organization have a written document retention and destruction policy?   | 14                | +^               | $\vdash$   |
| 45 0  | Did the process for determining compensation of the following persons include a review and approval by independent   | 100,000           |                  |  |
| 10 L  | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | 12.1              |                  | 100  |
| r   | persons, comparability data, and contemporarioses seems  | 45                | v                |  |
| p<br>a T  | The organization's CEO, Executive Director, or top management official   | 15a               | 7.7              |  |
| p<br>a T<br>b C   | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  | 15a<br>15b        | + +              |  |
| a T<br>b C  | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |                   | + +              |  |
| a T<br>b C  | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  | 15b               | X                |  |
| p<br>a T<br>b C<br>ii<br>16a D  | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |                   | X                |  |
| p<br>a T<br>b (<br>ii<br>16a (<br>t   | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes" did the organization follow a written policy or procedure requiring the organization to evaluate its participation   | 15b               | X                |  |
| p<br>a T<br>b (<br>ii<br>16a (<br>t   | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   | 15b               | X                |  |
| p<br>a T<br>b C<br>ii<br>16a C<br>t<br>b i  | The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  | 15b               | X                |  |
| a T<br>b (<br>ii<br>16a [<br>t<br>b i   | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  | 15b               | X                |  |
| a T b C lt 16a C t b I Secti  | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure   | 15b<br>16a<br>16b | X                |  |
| a T b C b l t b l i i i i i i i i i i i i i i i i i i                                 | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed DC  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)  | 15b<br>16a<br>16b | X                |  |
| a T b C b l t b l i i i i i i i i i i i i i i i i i i                                 | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed DC  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only, for public inspection. Indicate how you made these available. Check all that apply.  | 15b<br>16a<br>16b | X                |  |
| a T b C b l t b l i i i i i i i i i i i i i i i i i i                                 | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed DC  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.  Our website Another's website X Upon request Other (explain in Schedule O)  | 15b<br>16a<br>16b | X                |  |
| a T b C b l t b l i i i i i i i i i i i i i i i i i i                                 | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed DC  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.  Our website Another's website X Upon request Other (explain in Schedule O)  | 15b<br>16a<br>16b | X                |  |
| a T b C h 16a C t b l i i i i i i i i i i i i i i i i i i                             | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶DC  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website X Upon request □ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.  | 15b<br>16a<br>16b | X                |  |
| a T b C h 16a C t b l i i i i i i i i i i i i i i i i i i                             | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed DC  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only, for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, as statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:   | 15b<br>16a<br>16b | X                |  |
| 9 a T b C h 16a C t b l is is Section 17 L 18 S 19 L 19 | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶DC  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request □ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and section is the process of the process   | 15b<br>16a<br>16b | X                |  |

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

# Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees;

| Check this box if neither the organiza | (B)  |  |                               | (               | C)           |                                 |          | (D)  | (E)  | (F)  |
|--|--|--|-------------------------------|-----------------|--------------|---------------------------------|----------|--|--|--|
| Name and Title                         | Average<br>hours per<br>week   | bo   | lo not<br>ex, uni-<br>ficer a | check<br>ess pe | erson        | than<br>is bo                   | th an    | Reportable compensation                        | Reportable compensation                    | Estimated amount of  |
| (1) Brian T Movmiban                   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual                                       | nstitubonal trustee           | Officer         | Key emplayee | Highest compensated<br>employee | Former   | from<br>the<br>organization<br>(W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Brian T. Moynihan<br>Chairman      | 1.00   | _  |                               |                 |              |                                 |          |  |  |  |
| (2) Michael Tipsord                    |  | X  | ╙                             | Х               | <u> </u>     |                                 | Ш        | 0.   | 0.   | 0  |
| Chairman Elect                         | 1.00   | ┨  | 1                             |                 |              |                                 |          |  |  |  |
| (3) Ajaypal S. Banga                   | 1.00   | X  | ╀                             | X               |              |                                 | Ц        | 0.   | 0.   | 0  |
| Immediate Past Chairman                | 1.00   | x  |                               | x               |              |                                 |          |  |  | ·  |
| (4) William H. Rogers, Jr.             | 1.00   | ┼≏   | <del> </del>                  |                 |              | $\dashv$                        | <b>-</b> | 0.   | 0.   | 0  |
| BITS Chairman                          | 1.00   | x  |                               | x               |              | l                               | ſ        | .  |  | _  |
| (5) Kessel Stelling                    | 1.00   | ^  | ⊢                             | ^               |              |                                 | -        | 0.   | 0.   | 0  |
| Treasurer                              | 1.00   | X  |                               | $\mathbf{x}$    |              | ı                               |          | ا ۸  | _ 1  | _  |
| (6) Thomas J. McInerney                | 1.00   | <del>                                     </del> | Н                             | <del>^</del>    | $\dashv$     | $\dashv$                        | -+       | 0.   | 0.   | 0  |
| Director                               |  | X  | Н                             | ļ               |              | ſ                               |          | 0.   | ۸ ا  | •  |
| (7) Frederick H. Waddell               | 1.00   |  |                               | $\dashv$        | ┪            | -+                              | $\dashv$ | <del></del>                                    | 0.   | 0  |
| Director                               |  | X  | ΙÍ                            |                 |              |                                 | - 1      | 0.   | 0.   | 0  |
| (8) Theodore A. Mathas                 | 1.00   | Ė  |                               |                 | ┪            | ┪                               | +        |  |  | 0  |
| Director                               |  | X  |                               | - 1             | - 1          |                                 | 1        | 0.   | 0.   | 0  |
| (9) Daryl G. Byrd                      | 1.00   |  | $\dashv$                      | 7               | 寸            | 十                               | 7        | <del></del>                                    |  |  |
| Director                               |  | Х  |                               | - 1             |              |                                 |          | 0.   | 0.   | 0  |
| (10) Paul C. Reilly                    | 1.00   |  | $\neg$                        | ヿ               |              | ┪                               | $\dashv$ |  |  |  |
| Director                               |  | X  |                               |                 | - 1          |                                 |          | 0.   | 0.   | 0  |
| 11) J. Eric Smith                      | 1.00   |  | ヿ                             |                 | 7            | 寸                               | 十        |  |  |  |
| irector                                |  | X  |                               | _               |              | - 1                             |          | 0.   | 0.   | 0  |
| 12) Stephen D. Steinour                | 1.00   |  | Т                             |                 | $\neg$       | $\top$                          | _ -      |  |  |  |
| Director                               |  | Х  |                               |                 |              |                                 | _        | 0.   | 0.   | 0  |
| 13) Christopher B. Begy<br>director    | 1.00   |  |                               |                 | Т            | Т                               | Т        |  |  |  |
| 14) John P. Barnes                     |  | Х  |                               | $\perp$         | _            |                                 |          | 0.   | 0.   | 0 .  |
| irector                                | 1.00   |  | - 1                           |                 |              |                                 | Г        |  |  |  |
| 15) William Emerson                    |  | X  | 4                             | _               | 4            |                                 | ᆚ        | 0.   | 0.   | 0.   |
| irector                                | 1.00   | _  |                               |                 |              |                                 |          |  |  |  |
| 16) David I. McKay                     |  | X  | _                             | $\dashv$        | 4            | 4                               | $\bot$   | 0.   | 0.   | 0.   |
| irector                                | 1.00   | .,   |                               | 1               | -            |                                 |          |  |  |  |
| 17) Richard McKenney                   |  | X  | 4                             | +               | 4            | $\bot$                          | $\bot$   | 0.   | 0.   | 0.   |
| irector                                | 1.00   | $\mathbf{x}$                                     | - 1                           |                 | - 1          |                                 |          | 0.   |  |  |

| Part  | VII Section A. Officers, Directors, Trus                                | tees, Key Em         | oloy                           | 88 <u>5,</u>         | and         | HI                 | gne                          | ST C     | ompensated Employe                               | as (continued)                                   | $\neg \neg$    |         | <del></del>   |                |
|-------|---|----------------------|--------------------------------|----------------------|-------------|--------------------|------------------------------|----------|--|--|----------------|---------|---------------|----------------|
|       | (A)   | (B)                  |                                |                      | (C<br>Posi  | <b>)</b>           |                              |          | (D)  | (E)<br>Reportable                                | İ              |         | (F)<br>imated | 4              |
|       | Name and title  | Average<br>hours per | (do                            | not cl               | heck i      | more               | than                         | one      | Reportable compensation                          | compensation                                     |                |         | ount o        |                |
|       |   | week                 | offic                          | unie:<br>Seran       | aspe<br>dad | rson<br>irecto     | is bot<br>or/trus            | tee)     | from   | from related                                     |                | 0       | ther          |                |
|       |   | (list any            |                                |                      |             | Γ                  | 1                            | Γ        | the  | organizations                                    | ] c            | omp     | ensati        | ion            |
|       |   | hours for            | direct                         |                      |             | 1                  | 5                            |          | organization                                     | (W-2/1099-MISC)                                  | )              | fro     | m the         |                |
|       |   | related              | ee Or                          | stee                 |             |                    | nsate                        |          | (W-2/1099-MISC)                                  |  | -              | _       | nizatio       |                |
|       |   | organizations        | frust                          | ıal tru              |             | å.                 | E                            |          | İ  |  |                |         | relate        |                |
|       |   | below                | Individual frustee or director | nstitutional trustee | <u>a.</u>   | Key emplayee       | lest c                       | i i      |  |  | _   °          | orgar   | nizatio       | ns             |
|       |   | line)                | É                              | lustr                | Officer     | Ęę.                | Highest compensated employee | ē        |  |  |                |         |               |                |
| (18)  | Robert L. Reynolds  | 1.00                 | ]                              |                      | 1           |                    |                              | 1        |  | ,  | ا ۱            |         |               | 0.             |
| Direc |   |                      | X                              |                      | _           | L                  | ┶                            | L_       | 0.   |  | 0.             |         |               | <u> </u>       |
| (19)  | Roger Crandall  | 1.00                 | ]                              |                      | 1           |                    |                              |          |  |  | .              |         |               | 0.             |
| Direc |   |                      | X                              | <u> </u>             |             | _                  | 上                            | ╙        | 0.   |  | 0.             |         |               | <u> </u>       |
| (20)  | Daniel J. Houston   | 1.00                 |                                |                      | l           |                    |                              |          | 1  |  | 0.             |         |               | 0.             |
| Direc | tor   |                      | X                              | <u> </u>             | <u> </u>    | <u> </u>           | ↓                            | <u> </u> | 0.   |  | <del>'</del> + |         |               | <u> </u>       |
| (21)  | Scott E. Powell   | 1.00                 | 1                              |                      |             |                    | 1                            |          |  |  | ۱ ۸            |         |               | 0.             |
| Direc | tor   |                      | X                              | $oxed{oxed}$         | <b>!</b> _  | 上                  | ↓_                           | ┡        | 0.   |  | <u> </u>       |         |               | <u> </u>       |
| (22)  | Margaret Keane  | 1.00                 | ↓                              | Ì                    |             |                    | 1                            |          | 0.   | 1  | 0.             |         |               | 0.             |
| Direc | tor   | 1 2 2                | X                              | <b> </b> _           | ┡           | $oldsymbol{\perp}$ | ╄                            | ╄        | ļ  | <del> </del>                                     | <del>''</del>  |         |               | <del>-••</del> |
| (23)  | Kelly S. King   | 1.00                 | ┨                              | 1                    | ı           |                    | -                            | 1        | 0.   |  | 0.             |         |               | 0.             |
| Direc |   | L-1-00               | X                              | $\vdash$             | ╀           | ╁                  | ┼-                           | ╀        | <del>                                     </del> | <del> </del>                                     | <del>``</del>  |         |               | <del></del>    |
|       | Walter White  | 1.00                 | $ \mathbf{x} $                 | ļ                    | 1           |                    |                              | -        | 0.   |  | o.l            |         |               | 0.             |
| Direc |   | 1.00                 | ╀≏                             | ╁                    | ╀           | ╁                  | ╀                            | ╁        | <del> </del>                                     |  |                |         |               |                |
| ,     | Thomas J. Wilson  | 1.00                 | $ _{\mathbf{x}}$               |                      |             | Ì                  |                              |          | l 0.   | ļ  | 0.             |         |               | 0.             |
| Direc |   | 50.00                | ╀≏                             | ╁╌                   | ╁           | ╀                  | +                            | ╁╴       | <del>                                     </del> | <del>                                     </del> | <del>-  </del> |         |               |                |
|       | Timothy Pawlenty  | 30.00                | ┨                              |                      | x           | ì                  |                              |          | 3,862,364  | ,  | 0.             | 3       | 8,8           | 78.            |
| CEO   |   | <u> </u>             |                                |                      | _           | _                  |                              | _        | 3,862,364  |  | 0.             | 3       | 8,8           | <del>78.</del> |
| 1b    | Sub-total   | #! CN A              |                                |                      |             |                    |                              |          | 4,514,610  |  | 0.             | 43      | 8,3           | 01.            |
| C     | Total from continuation sheets to Part \                                | m, Section A         | *****                          |                      |             |                    |                              |          |  |  | 0.             | 47      | 7,1           | 79.            |
| d     | Total (add lines 1b and 1c)  Total number of individuals (including but | not limited to t     | hose                           | a liet               | ed :        | abo                | ve) v                        | mo i     |  |  |                |         |               |                |
|       |   | riot illinited to t  |                                | o na                 |             | 100                | , .                          |          |  | •  |                |         | _             | 31             |
|       | compensation from the organization                                      |                      |                                |                      |             | _                  |                              |          |  |  |                |         | Yes           | No             |
| •     | Did the organization list any former office                             | r director or ti     | nuste                          | e. k                 | ev e        | amo                | love                         | e. or    | highest compensated                              | employee on                                      |                |         |               | WE             |
| 3     | line 1a? If "Yes," complete Schedule J for                              | such individua       | ı                              | ,                    | , .         |                    | ,-                           | -, -     |  |  | [              | 3 _     |               | X              |
|       | For any individual listed on line 1a, is the                            | sum of reportal      | ble.c                          | omi                  | oens        | satio              | on ar                        | nd o     | ther compensation from                           | the organization                                 |                | 3       |               |                |
| 4     | and related organizations greater than \$1                              | 50.000? If "Yes      | s, <b>'</b> c                  | omp                  | lete        | Sci                | hedu                         | ıle J    | for such individual                              |  | L              | 4       | X             |                |
| 5     | Did any person listed on line 1a receive or                             | accrue comp          | ensa                           | tion                 | fror        | n ar               | ny ur                        | rela     | ited organization or indi                        | vidual for services                              |                |         |               | 1100           |
| •     | rendered to the organization? If "Yes," con                             | mplete Schedu        | ıle J                          | for                  | suci        | pe r               | rson                         | ٠        |  |  |                | 5       |               | X              |
| Sect  | ion B. Independent Contractors  |                      |                                |                      |             |                    |                              |          |  |  |                |         |               |                |
| 1     | Complete this table for your five highest of                            | compensated in       | ndep                           | enc                  | lent        | COL                | ntrac                        | tors     | that received more tha                           | n \$100,000 of com                               | pensa          | ition 1 | irom          |                |
|       | the organization. Report compensation for                               | r the calendar       | yea                            | r end                | ding        | wit                | h or                         | with     | in the organization's ta                         | k year.  |                |         |               |                |
| -     | (A)   | o addrace            |                                |                      |             |                    |                              |          | (B) Description of                               | services   | Cc             | •       | o)<br>Insatic | วก             |
|       | Name and busines  |                      | 78.                            | rfa7                 | _           | <del>- 1</del>     |                              |          | 2000.151.01101                                   |  |                |         |               |                |
| Bar   | nett & Sivon, 2550 M  | Street,              | 1                              | ıw,                  | •           | L                  |                              |          | I .  |  |                |         |               |                |

Barnett & Sivon, 2550 M Street, NW, 8th
Floor, Washington, DC 20037 Consulting 521,973.

Gibson, Dunn & Crutcher LLP
P.O Box 840723, Los Angeles, CA 90084 Consulting 241,124.

The Boston Consulting Group, Inc.
P.O. Box 75200, Chicago, IL 60675 Consulting 225,000.

P.O. Box 75200, Chicago, IL 60675 Consulting

Spencer Stuart, 353 N. Clark Street, Suite
2400, Chicago, IL 60654 Consulting

Smith Free Group, 1401 K Street, NW, Suite
1200, Washington, DC 20005

Consulting
132,000.

Total number of independent contractors (including but not limited to those listed above) who received more than

See Part VII, Section A Continuation sheets

\$100,000 of compensation from the organization

Form 990 (2017)

222,706.

Form 990

Financial Services Roundtable

36-0753125

| Part VII Section A. Officers, Director        | s. Trustees. Key F                               | mol                            | OVO                   | 98 2             | and  | Hin                          | hard     | Componented FI          | 36-075                       | 3125               |
|---|--|--------------------------------|-----------------------|------------------|--|------------------------------|----------|-------------------------|------------------------------|--------------------|
| (A)   | (B)  | При                            | uye                   | <del>55, 6</del> |  | nıg                          | nesi     | Compensated Employ      |                              |                    |
| Name and title                                | Average  |                                |                       | Pos              | C)   |                              |          | (D)                     | (E)                          | (F)                |
| -   | hours  | l (c                           |                       | k ali            |  |                              | nh/)     | Reportable compensation | Reportable                   | Estimated          |
|   | per  | <del>  \</del>                 | T                     | 1                | T  | T                            | T        | from                    | compensation<br>from related | amount of          |
|   | week   |                                |                       |                  | ı  | 96                           |          | the                     | organizations                | other compensation |
|   | (list any  | ector                          | ĺ                     |                  | l  | 윮                            | 1        | organization            | (W-2/1099-MISC)              | from the           |
|   | hours for  | ō                              | <u></u>               |                  |  | ated e                       |          | (W-2/1099-MISC)         |                              | organization       |
|   | related<br>organizations                         | ustee                          | Į į                   |                  | 0  | pens                         | 1        |                         |                              | and related        |
|   | below  | 를                              | tona                  |                  | 횰  | tcom                         |          | 1                       |                              | organizations      |
|   | line)  | Individual trustee or director | Institutional trustee | Officer          | Key employee                                     | Highest compensated employee | Former   |                         |                              |                    |
| (27) John Dalton                              | 50.00  | $\vdash$                       | <del>  -</del>        | H                | ╁▔   | 一                            | ╁        |                         | <del></del>                  |                    |
| President, HPC                                |  | 1                              | <b>l</b> i            |                  | X  |                              |          | 803,644.                | 0.                           | 37 000             |
| (28) Christopher Feeney                       | 50.00  |                                | _                     | Н                |  | 一                            | $\vdash$ | 000,011                 | - 0.                         | 37,800             |
| President, BITS                               |  | 1                              |                       |                  | X  |                              | ĺ        | 822,424.                | 0.                           | 67 022             |
| (29) Eric Hoplin                              | 50.00  | $\vdash$                       | М                     | П                | <del>                                     </del> |                              | $\vdash$ | 022,121                 |                              | 67,023             |
| Executive Director, FSR                       |  | 1 1                            |                       |                  | X  |                              | Ι.       | 570,104.                | 0.                           | 40,306             |
| (30) Eric Selk                                | 50.00  | $\Box$                         |                       |                  |  | _                            | $\vdash$ |                         | ——— <del></del>              | ±0,300             |
| Executive Director, Hope Now                  |  |                                |                       |                  | x  |                              |          | 234,906.                | ο.                           | 39,704.            |
| (31) Ed Demarco                               | 50.00  |                                |                       |                  |  |                              | Н        |                         |                              | 33,704.            |
| President, HPC                                |  |                                | ı                     | └ <b></b>        | х  |                              |          | 309,044.                | 0.                           | 4,438.             |
| (32) Paul Leonard                             | 50.00  | $\Box$                         | _                     | 寸                |  |                              | Н        |                         |                              | 4,430.             |
| VP of Government Affairs                      |  | 1 1                            | - 1                   | J                |  | X                            |          | 428,604.                | 0.                           | 74,146.            |
| (33) Kevin Foster                             | 50.00  | П                              |                       |                  |  |                              |          |                         |                              | ,1,110             |
| VP and Sr. Counsel                            |  |                                | _                     |                  |  | X                            |          | 379,034.                | 0.                           | 47,530.            |
| (34) Anthony Cimino                           | 50.00  | $\Box$                         |                       |                  | $\neg$   |                              |          |                         |                              |                    |
| VP of Government Affairs                      |  |                                | l                     |                  | _  | X                            |          | 421,034.                | 0.                           | 44,783.            |
| (35) Francis Creighton                        | 50.00  |                                | Ī                     |                  | ٦  |                              | $\Box$   |                         |                              |                    |
| EVP of Government Affairs (36) Jason Kratovil |  | $\Box$                         |                       |                  |  | Х                            |          | 271,334.                | 0.                           | 27,570.            |
| VP of Government Affairs                      | 50.00  |                                |                       |                  | - 1  |                              |          |                         |                              |                    |
| VI OI GOVERNMENT ATTAINS                      |  | _                              | 4                     |                  | _  | X                            | _        | 274,482.                | 0.]                          | 55,001.            |
|   | <b>——</b>  |                                |                       |                  | - 1  |                              |          |                         |                              |                    |
| <del></del>                                   | <del></del>                                      | $\dashv$                       | -4                    | 4                | _  | _                            | _        |                         |                              |                    |
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|   | <del></del>                                      | +                              | 4                     | $\dashv$         | -4   | $\dashv$                     | -        |                         |                              |                    |
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|   |  |                                |                       |                  | -  |                              |          |                         |                              |                    |
|   |  |                                |                       |                  |  |                              | +        |                         |                              |                    |
| otal to Part VII, Section A, line 1c          |  |                                |                       |                  |  |                              | ſ        | 4,514,610.              |                              | 438,301.           |
|   |  |                                |                       |                  |  | *****                        |          | -,0,0-0                 |                              | = 10 1 2 0 T *     |

Form 990 (2017)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants nilar Amounts 1 a Federated campaigns ..... 1b b Membership dues ..... 10 c Fundraising events 1d d Related organizations 1e e Government grants (contributions) Contributions, and Other Sim # All other contributions, gifts, grants, and 200,000 similar amounts not included above 200,000 h Total. Add lines 1a-1f Business Code 17,224,225. 17,224,225 900099 2 a Membership dues Program Service Revenue 1,611,335 1,611,335 900099 b FinTech Ideas Festival 1,559,731, 900099 1,559,731. c Coalition income 867,912 867,912. 900099 d Meetings & conferences 560,000. 560,000. 900099 Corporate Social Responsibility 84,940 900099 84,940. All other program service revenue ..... 21,908,143. Total. Add lines 2a-2f Investment income (including dividends, interest, and 72,040. 72,040 other similar amounts) Income from investment of tax-exempt bond proceeds 18,833. 18,833. Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ....... c Rental income or (loss) ..... d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ..... 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_a b Less: direct expenses \_\_\_\_\_\_b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 \_\_\_\_\_ a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_ b Less: cost of goods sold \_\_\_\_\_ c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 640,717 640,717 11 a Net unrelated partnership income 518210 5,601 5,601 900099 Other income d All other revenue 646,318. Total. Add lines 11a-11d 640,717. 90,873. 21,913,744. 22,845,334. Total revenue. See instructions. 12

|    | ction 501(c)(3) and 501(c)(4) organizations must co<br>Check if Schedule O contains a resp             | omplete all columns. All oth<br>onse or note to any line in | this Part IV                | omplete column (A).             |              |
|----|--|---|-----------------------------|---------------------------------|--------------|
| Do | o not include amounts reported on lines 6b.  | (A)   | (B)                         | (C) T                           | (D)          |
| 7b | , 8b, 9b, and 10b of Part VIII.  | Total expenses  | Program service<br>expenses | Management and general expenses | Fundraising  |
| 1  | and the desired to demostic organization   | s   |                             | guirorai experises              | expenses     |
|    | and domestic governments. See Part IV, line 21   | 35,000.   |                             |                                 |              |
| 2  | and and accountance to domestic  |   |                             |                                 |              |
|    | individuals. See Part IV, line 22  |   |                             |                                 |              |
| 3  | Grants and other assistance to foreign   |   |                             |                                 | S. Selliko   |
|    | organizations, foreign governments, and foreign  | n]  |                             |                                 |              |
|    | individuals. See Part IV, lines 15 and 16  |   |                             |                                 |              |
| 4  | Benefits paid to or for members  |   |                             | W-14-14-14-1                    | XII.         |
| 5  | Compensation of current officers, directors,   |   | <del></del>                 |                                 |              |
|    | trustees, and key employees  | 6,830,634.  |                             |                                 |              |
| 6  | Compensation not included above, to disqualified   |   |                             |                                 |              |
|    | persons (as defined under section 4958(f)(1)) and  |   |                             |                                 |              |
| _  | persons described in section 4958(c)(3)(B)   |   |                             |                                 |              |
| 7  | Other salaries and wages   | 4,244,355.  |                             |                                 |              |
| 8  | Pension plan accruals and contributions (include   | ]   |                             |                                 |              |
| _  | section 401(k) and 403(b) employer contributions)  | 969,055.  |                             |                                 |              |
| 9  | Other employee benefits  | 562,158.  |                             |                                 |              |
| 10 | Payroll taxes  | 561,126.  |                             |                                 |              |
| 11 | Fees for services (non-employees):   |   |                             |                                 | -            |
| a  |  |   |                             |                                 |              |
| b  |  | 226,774.  |                             |                                 |              |
| C  |  | 26,986.   |                             |                                 |              |
| d  |  | 701,305.  |                             |                                 |              |
| f  | Professional fundraising services. See Part IV, line 17  |   | X0======X                   |                                 |              |
| g  | Investment management fees Other, (If line 11g amount exceeds 10% of line 25,                          | <del></del>   |                             |                                 |              |
| 9  | column (A) amount, list line 11g expenses on Sch O.)   | 670 022   |                             | i                               |              |
| 12 |  | 679,923.  |                             |                                 |              |
| 13 | Advertising and promotion  | 341,028.  |                             |                                 |              |
| 14 | Office expenses Information technology   | 160,652.  |                             |                                 |              |
| 15 | Royalties  | 100,052.  |                             |                                 | <u> </u>     |
| 16 | Royalties Occupancy  | 1,364,284.  | <del></del>                 |                                 |              |
| 17 | Travel   | 192,989.  |                             |                                 |              |
| 18 | Payments of travel or entertainment expenses   | 1,70,70   |                             |                                 |              |
|    | for any federal, state, or local public officials  |   | ļ                           |                                 |              |
| 19 | Conferences, conventions, and meetings   | 2,711,845.  | <del> </del>                |                                 | <del></del>  |
| 20 | Interest   | _,,,,   |                             |                                 | <del></del>  |
| 21 | Payments to affiliates   |   | <del></del>                 | <del></del>                     |              |
| 22 | Depreciation, depletion, and amortization  | 395,089.  | <del></del>                 |                                 | <del></del>  |
| 23 | Insurance  | 79,764.   | -                           |                                 |              |
| 24 | Other expenses, Itemize expenses not covered   | 11 - 33 S - 37 T  |                             |                                 |              |
|    | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) |   |                             |                                 |              |
|    | amount, list line 24e expenses on Schedule 0.)   |   |                             | nk" nen nen i                   |              |
| а  | Coalition expenditures   | 1,470,803.  |                             |                                 |              |
| þ  | Unrelated bus. inc. tax  | 264,748.  | _                           |                                 | <del></del>  |
| C  |  |   | <del></del>                 | · · · · · ·                     | ····         |
| d  |  |   |                             |                                 | <del>-</del> |
| e  | All other expenses   |   |                             |                                 |              |
| 25 | Total functional expenses. Add lines 1 through 24e   | 21,818,518.   | -                           |                                 |              |
| 26 | Joint costs. Complete this line only if the organization   |   |                             |                                 |              |
|    | reported in column (B) joint costs from a combined   |   | ļ                           |                                 |              |
|    | educational campaign and fundraising solicitation.   |   |                             |                                 |              |
|    | Check here f following SOP 98-2 (ASC 958-720)  |   |                             |                                 |              |

36-0753125 Page 11 Financial Services Roundtable Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 9,827,397. 6,110,688. Cash - non-interest-bearing 4,911,285. 4,950,850. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 392,853. 275,671. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... 7 Notes and loans receivable, net \_\_\_\_\_ 8 Inventories for sale or use 59,988. 134,337. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 3,323,872. basis. Complete Part VI of Schedule D 10a 2,009,184 2,349,190. 1,314,688. 10c b Less accumulated depreciation 10b 11 Investments - publicly traded securities 11 810,999. 205,182. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 2,443,555. 1,740,548. 15 Other assets. See Part IV, line 11 15 16,778,117. 19,443,610. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 2,589,138. 4,258,733. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 18,038. 2,821,330. 19 19 Deferred revenue 20 Tax-exempt bond liabilities .... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 3,032,872. 2,671,642. 25 Schedule D ..... 5,640,048. 9,751,705. 26 Total liabilities, Add lines 17 through 25 ... Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 11,138,069. 9,691,905. Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds ......

Total net assets or fund balances

and complete lines 30 through 34.

Total liabilities and net assets/fund balances .....

16,778,117. Form 990 (2017)

11,138,069.

30

31

32

9,691,905.

19,443,610.

32

33

Form 990 (2017)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

| F   | inancial Services Roundtable  | 36-0753125  |
|---|---|---|
| Organization type (check                                      | one):   |   |
| Filers of:  | Section:  |   |
| Form 990 or 990-EZ  | X 501(c)( 6 ) (enter number) organization   |   |
|   | 4947(a)(1) nonexempt charitable trust not treated as a private foundation   | ion   |
|   | 527 political organization  |   |
| Form 990-PF   | 501(c)(3) exempt private foundation   |   |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |   |
|   | 501(c)(3) taxable private foundation  |   |
| Note: Only a section 501(  General Rule  X  For an organizati | n is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Second for the General Rule and a Second for the General Rule and a Second for the General Rule and a Second for the General Rule and a Second for General Rule and a Second for General Rule and a Second for General Rule and Sec | ons totaling \$5,000 or more (in money or   |
| Special Rules   |   |   |
| sections 509(a)(<br>any one contribu                          | ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/39<br>1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lin<br>utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of<br>EZ, line 1. Complete Parts I and II.  | ne 13, 16a, or 16b, and that received from  |
| year, total contri  | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece<br>ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literar<br>of cruelty to children or animals. Complete Parts I, II, and III.  | eived from any one contributor, during the ry, or educational purposes, or for  |
| year, contribution<br>is checked, ente<br>purpose. Don't o    | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receions exclusively for religious, charitable, etc., purposes, but no such contributions er here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization bable, etc., contributions totaling \$5,000 or more during the year  | s totaled more than \$1,000. If this box<br>ely religious, charitable, etc.,<br>because it received <i>nonexclusively</i> |
| but it must answer "No"                                       | n that isn't covered by the General Rule and/or the Special Rules doesn't file Schon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  | hedule B (Form 990, 990-EZ, or 990-PF),<br>or on its Form 990-PF, Part I, line 2, to                                      |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

| Schedule B (Form 990, 990-EZ, or 990-PF) (2017)   | B                                      |
|---|--|
| Name of organization  | Page<br>Employer identification number |
| Financial Services Roundtable   | 36-0753125                             |
| Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |  |

| Part I       | Contributors (see instructions). Use duplicate copies of Part | I if additional space is needed. |   |
|--------------|---|----------------------------------|---|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Total contributions       | (d) Type of contribution  |
| 1            |   | \$\$                             | Person X Payroll Noncash (Complete Part II for noncash contributions.)                              |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                             | (c) Total contributions          | (d)<br>Type of contribution   |
|              |   | <b>\$</b>                        | Person Payroll Noncash (Complete Part II for noncash contributions.)                                |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Total contributions       | (d) Type of contribution  |
|              |   |                                  | Person Payroll Noncash (Complete Part II for noncash contributions.)                                |
| (a)<br>No.   | (b) Name, address, and ZIP + 4                                | (c) Total contributions          | (d) Type of contribution  |
|              |   | \$                               | Person Payroll Noncash (Complete Part II for noncash contributions.)                                |
| No.          | (b) Name, address, and ZIP + 4                                | (c)<br>Total contributions       | (d)<br>Type of contribution   |
| -   -        |   | <b>\$</b>                        | Person Payroll Noncash (Complete Part II for noncash contributions.)                                |
| (a)<br>No.   | (b) Name, address, and ZIP + 4                                | (c) Total contributions          | (d)<br>Type of contribution   |
| 152 11-01-17 |   | \$                               | Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017) |

Employer identification number

# Financial Services Roundtable

36-0753125

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Pa |   |                         |
|------------------------------|---|---|-------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions.)       | (d) Date received       |
|                              |   |   |                         |
|                              |   |   |                         |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received    |
| _                            |   |   |                         |
|                              |   |   |                         |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received    |
|                              |   | <del></del>                                     |                         |
| <del></del>                  |   | \$  |                         |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received    |
|                              |   |   |                         |
|                              |   | \$  |                         |
| (a)<br>No.<br>from<br>Part i | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received    |
| rarti                        |   |   |                         |
| <del></del>                  |   | <br>  <br> \$                                   |                         |
|                              |   |   |                         |
| (a)<br>No.<br>from<br>Part l | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received    |
|                              |   |   |                         |
|                              |   |   |                         |
|                              |   | Sehadula B /Farm                                | 990, 990-EZ, or 990-PF) |

| Name of org               | ganization   |  | Page Employer identification number  |
|---------------------------|--|--|--|
|                           |  |  | rushoyer lackanication (fillipe)   |
| Financ                    | cial Services Roundtabl                                      | <u>e</u>   | 36-0753125   |
| Part III                  | the year from any one contributor. Complete                  | tributions to organizations described columns (a) through (e) and the follow | The state of the s |
|                           | completing Part III, enter the total of exclusively religiou | is, charitable, etc., contributions of \$1,000 or                            | less for the year (Enter this into once.)  |
| (a) No.                   | Use duplicate copies of Part III if addition                 | al space is needed.  |  |
| from<br>Part i            | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |
| , tart 1                  |  |  | ( )  |
| }                         |  | <del></del>  | _  |
|                           |  |  | _  |
|                           |  |  |  |
|                           |  | (e) Transfer of gift   |  |
|                           | _  |  |  |
| -                         | Transferee's name, address, a                                | nd ZIP + 4   | Relationship of transferor to transferee   |
|                           |  | <del></del>   <del></del>  |  |
|                           | <del></del>  | <del></del>  | <del></del>  |
|                           |  | ——— I ——   |  |
| (a) No.<br>from           | (h) Dumana at 15   |  |  |
| Part I                    | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |
| ł                         |  |  |  |
|                           |  |  |  |
| 1                         |  |  | _  |
| H                         |  | (a) T 4 4  |  |
|                           |  | (e) Transfer of gift   |  |
| J                         | Transferee's name, address, ar                               | nd 7IP + 4   | Relationship of transferor to transferee   |
|                           |  |  | nelationship of transferee   |
|                           |  |  |  |
|                           |  |  |  |
| (a) No.                   | <del></del>  |  |  |
| (a) No.<br>from<br>Part ! | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |
| rarci                     |  | _ <del></del>  | (-,  |
|                           |  | <del></del>  |  |
|                           |  |  | -  |
| L                         |  |  |  |
|                           |  | (e) Transfer of gift   |  |
|                           |  |  |  |
| -                         | Transferee's name, address, an                               | d ZIP + 4  | Relationship of transferor to transferee   |
| -                         |  | <del></del>  |  |
| ] -                       |  | ———   ——   |  |
|                           |  |  |  |
| (a) No.<br>from           | /h\ Dumana of -iff   |  |  |
| Part I                    | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |
| -                         |  |  |  |
| ——   -                    |  |  | _  |
| -                         | * ***  |  |  |
| <u> </u>                  | <del></del>  | /o\ Tanadar -6 -ift  |  |
| 1                         |  | (e) Transfer of gift   |  |
|                           | Transferee's name, address, and                              | d ZIP + 4  | Relationship of transferor to transferee   |
|                           |  |  | The second of the second of  |
| _                         |  |  |  |
| ] -                       |  |  |  |
|                           |  |  |  |

## SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for Instructions and the latest information.

2017

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below, Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

|     | (See Superior Misse western),             |  |                         |  |   |
|-----|---|--|-------------------------|--|---|
|     | Section 501(c)(4), (5), or (6) organizati | ons: Complete Part III.  | <u> </u>                | Emple  | over identification number                      |
| Nam | ne of organization                        |  | 3. 3.4.                 | Empir  | 36-0753125                                      |
|     | Financia                                  | al Services Roun   | dtable                  |  | 36-0/33123                                      |
| Pa  | rt I-A Complete if the org                | anization is exempt und  | er section 501(c)       | or is a section 527 of   | rganization.                                    |
|     |   |  |                         |  |   |
| 1   | Provide a description of the organization | ation's direct and indirect politic  | al campaign activities  | in Part IV.  |   |
| 2   | Political campaign activity expenditu     | ıres   |                         | <b>&gt;</b> \$   |   |
| 3   | Volunteer hours for political campaig     | n activities   |                         |  |   |
|     |   | Automorphic State College Coll |                         | 100 to 1 (100 to 100 to | <u> </u>  |
| Pa  | rt I-B Complete if the org                | anization is exempt und  | er section 501(c)       | (3).   |   |
| 1   | Enter the amount of any excise tax        | ncurred by the organization und  | ler section 4955        | <b>▶</b> \$  |   |
| 2   | Enter the amount of any excise tax        | ncurred by organization manage   | ers under section 495   | 5 <b>S</b>   |   |
| 3   | If the organization incurred a section    | 1 4955 tax, did it file Form 4720  | for this year?          |  | Yes No  |
|     | Was a correction made?                    |  |                         |  |   |
|     | M NV II describe in Dort IV               |  |                         |  |   |
| Pa  | art I-C Complete if the org               | anization is exempt und  | er section 501(c)       | , except section 501(  | c)(3).  |
|     | Enter the amount directly expended        |  |                         |  |   |
| ,   | Enter the amount of the filing organi     | zation's funds contributed to ot   | her organizations for s | section 527  |   |
| -   | exempt function activities                |  |                         |  |   |
| 2   | Total exempt function expenditures        | Add lines 1 and 2. Enter here a  | and on Form 1120-POL    |  |   |
| 9   | line 17b                                  |  |                         | ▶\$  |   |
|     | Did the filing organization file Form     | 1120-POL for this year?  |                         |  | Yes No  |
| -   |   | polover identification number (El  | N) of all section 527 p | olitical organizations to which  | h the filing organization                       |
| 5   | made payments. For each organiza          | tion listed enter the amount pai   | d from the filing organ | ization's funds. Also enter th   | ne amount of political                          |
|     | contributions received that were pre      | omptly and directly delivered to   | a separate political or | ganization, such as a separa   | te segregated fund or a                         |
|     | political action committee (PAC). If      | additional space is needed, prov   | ide information in Par  | t IV.  |   |
|     | <u> </u>                                  | (b) Address  | (c) EIN                 | (d) Amount paid from   | (e) Amount of political                         |
|     | (a) Name                                  | (b) Address  | (5) 2                   | filing organization's  | contributions received and                      |
|     |   |  |                         | funds. If none, enter -0   | promptly and directly                           |
|     |   |  |                         |  | delivered to a separate political organization. |
|     |   |  | 1                       | ł  | If none, enter ·0·.                             |
| _   | <del></del>                               |  | <del>-</del>            |  | -   |
|     | !   |  |                         |  |   |
|     |   |  |                         |  |   |
|     |   |  | 1                       |  |   |
| _   |   |  |                         |  |   |
|     |   |  |                         |  |   |
| _   |   |  | <del>-</del>            |  | <del> </del>                                    |
|     |   |  |                         |  |   |
|     |   |  | -                       |  | -   |
|     |   |  |                         |  |   |
|     |   |  |                         |  |   |
|     |   |  |                         |  |   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

| Schedule C (Form 990 or 990-EZ) 2017 Fj                     | nancial                       | Services Ro             | undtable                                    | 36-                          | 0753125 Page 2                          |
|---|-------------------------------|-------------------------|---|------------------------------|---|
| Part II-A Complete if the organ section 501(h)).            | iization is ex                | empt under secti        | on 501(c)(3) and file                       | ed Form 5768 (               | election under                          |
|   | of excess lobbying            | g expenditures).        | in Part IV each affiliated                  | group member's na            | me, address, EIN,                       |
|   | on Lobbying Exp               | enditures               |   | (a) Filing<br>organization's | (b) Affiliated group totals             |
|   |                               |                         |   | totals                       |   |
| 1a Total lobbying expenditures to influen                   | ce public opinion             | (grass roots lobbying)  |   |                              |   |
| b Total lobbying expenditures to influen                    | ce a legislative be           | ody (direct lobbying)   |   |                              |   |
| c Total lobbying expenditures (add lines                    | 1a and 1b)                    |                         |   |                              |   |
| d Other exempt purpose expenditures                         |                               |                         |   |                              |   |
| e Total exempt purpose expenditures (a                      | idd lines 1c and 1            | (d)                     |   |                              |   |
| f Lobbying nontaxable amount. Enter the                     |                               |                         |   |                              |   |
| If the amount on line 1e, column (a) or (b                  |                               | bbying nontaxable an    |   |                              |   |
| Not over \$500,000  |                               | f the amount on line 1  |   |                              |   |
| Over \$500,000 but not over \$1,000,00                      |                               | 00 plus 15% of the ex   |   |                              |   |
| Over \$1,000,000 but not over \$1,500,                      |                               | 00 plus 10% of the ex   |   |                              | -: 01                                   |
| Over \$1,500,000 but not over \$17,000<br>Over \$17,000,000 | <del></del>                   | 00 plus 5% of the exc   | ess over \$1,500,000.                       |                              | Windowski and                           |
| Over \$17,000,000   | \$1,000                       | ,000                    |   |                              |   |
| g Grassroots nontaxable amount (enter                       | 25% of line 1f)               |                         |   | L. Carlott National          | 100001111111111111111111111111111111111 |
| h Subtract line 1g from line 1a. If zero or                 |                               |                         |   |                              |   |
| i Subtract line 1f from line 1c. If zero or                 |                               |                         |   |                              |   |
| j If there is an amount other than zero o                   |                               | line 1i. did the omania | ration file Form 4720                       | <del></del>                  | <u></u>                                 |
| reporting section 4911 tax for this year                    | 2                             |                         | 22001 WC 1 OIII 4720                        | 1                            | Yes No                                  |
| (Some organizations that                                    | 4-Year Av<br>made a section s | eraging Period Under    | r section 501(h)<br>have to complete all of |                              |   |
|   | Lobbying Expe                 | nditures During 4-Ye    | ar Averaging Period                         |                              |   |
| Calendar year<br>(or fiscal year beginning in)              | (a) 2014                      | (b) 2015                | (c) 2016                                    | ( <b>d</b> ) 2017            | (e) Total                               |
| 2a Lobbying nontaxable amount                               |                               |                         |   | ···                          | ···                                     |
| b Lobbying ceiling amount                                   |                               | 0.41                    |   |                              |   |
| (150% of line 2a, column(e))                                |                               |                         |   |                              |   |
| c Total lobbying expenditures                               |                               |                         |   |                              |   |
| d Grassroots nontaxable amount                              |                               | [                       |   |                              |   |
| e Grassroots ceiling amount                                 |                               |                         |   |                              |   |
| (150% of line 2d, column (e))                               | 7.22 Lead                     | constitue de la         |   | And seed in                  |   |
| f Grassroots lobbying expenditures                          |                               |                         |   |                              |   |

# Schedule C (Form 990 or 990-EZ) 2017 Financial Services Roundtable 36-0753125 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description  | (a)                                     |                  | (b           |   |
|---|---|------------------|--------------|---|
| of the lobbying activity.   | Yes                                     | No               | Ато          | unt                                     |
| During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?   |   |                  |              |   |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?   |   |                  |              |   |
| d Mailings to members, legislators, or the public?  |   |                  |              |   |
| e Publications, or published or broadcast statements?   |   |                  |              |   |
| f Grants to other organizations for lobbying purposes?  |   |                  |              |   |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?   | <b></b> _                               |                  |              |   |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  |   |                  |              | <del></del>                             |
| j Total. Add lines 1c through 1i  |   |                  |              |   |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912   |   |                  | NEC VI       |   |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |   |                  |              |   |
| d if the filing emeritation incurred a section 4912 tax, did it file Form 4720 for this year?   | <u> </u>                                | 7 <del>5-1</del> |              |   |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).   | on 501(c)(                              | (5), or se<br>   |              |   |
|   |   |                  | Yes          | No No                                   |
| 1 Were substantially all (90% or more) dues received nondeductible by members?  |   | 1                |              | X                                       |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |   | 2                |              | X                                       |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect   | he prior year                           | ? 3              |              | X                                       |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  | : "No," OF                              | ₹ (b) Par<br>    | t III-A, lir |   |
| Dues, assessments and similar amounts from members  | 000000000000000000000000000000000000000 | 1                | 17,224       | 1,225.                                  |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |   |                  | 5 031        | L,824.                                  |
| a Current year  |   |                  |              | 3,601.                                  |
| b Carryover from last year  |   |                  |              | L,777.                                  |
| c Total   |   |                  |              | 1,255.                                  |
| <ul> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdees the organization agree to carryover to the reasonable estimate of nondeductible lobbying and</li> </ul> | cess                                    | 3                | 3,23         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|   |   | 4                |              |   |
| expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  |   | 5                | <5,800       | 5,032.                                  |
| Part IV Supplemental Information  |   | 172707           |              |   |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grouinstructions); and Part II-B, line 1. Also, complete this part for any additional information.  | ıp list); Part li                       | l-A, lines 1     | and 2 (see   | -                                       |
| Form 990, Schedule C, Part III-B, Line 2b   |   |                  |              |   |
| This line represents the cumulative excess of amount  | B COMMI                                 | micat            | ed as        |   |
| nondeductible to dues paying members over lobbying e  | xpendit                                 | ures             |              |   |
|   |   |                  |              |   |
|   |   |                  |              |   |
|   |   |                  |              |   |

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 36-0753125

| _  | Financial Services Roundtable  | 36~0753125                               |
|----|--|--|
| Pi | art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or  | Accounts Complete if the                 |
|    | organization answered "Yes" on Form 990, Part IV, line 6.  | ria de de l'italicompiete il tile        |
|    | (a) Donor advised funds  | (b) Funds and other accounts             |
| 1  | Total number at end of year  |  |
| 2  | Aggregate value of contributions to (during year)  | <del></del>                              |
| 3  | Aggregate value of grants from (during year)   | <del></del>                              |
| 4  | Aggregate value at end of year   |  |
| 5  | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised for   | unde                                     |
|    | are the organization's property, subject to the organization's exclusive legal control?  | unus                                     |
| 6  | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used   | Yes LINd                                 |
|    | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conf   | o only                                   |
|    | impermissible private benefit?   |  |
| Pε | Int II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part   | W line 7                                 |
| 1  | Purpose(s) of conservation easements held by the organization (check all that apply).  | iv, line /.                              |
|    | Description of the last of the | Oho Sanana Anada Inini di                |
|    | Preservation of land for public use (e.g., recreation or education)  Preservation of a historica  Protection of natural habitat  Preservation of a certified   |  |
|    | Preservation of open space   | nistoric structure                       |
| 2  |  |  |
|    | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a day of the tax year.  |  |
| а  |  | Held at the End of the Tax Year          |
| b  | Total number of conservation easements  Total acreage restricted by conservation easements   | 2a                                       |
| -  | Number of conservation easements on a settled bittering  | 2b                                       |
| d  | Number of conservation easements on a certified historic structure included in (a)   | 2c                                       |
|    | and not on a historic structure  |  |
| 3  | listed in the National Register  |  |
| Ū  | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements and the conservation easements are conservation of the conservation of the conservation easements are conservation easements.   | anization during the tax                 |
| 4  | Number of states where property subject to conservation easement is located  |  |
| 5  | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of   |  |
| •  | violations, and enforcement of the concentration appearant it had a  |  |
| 6  | violations, and enforcement of the conservation easements it holds?  | Yes Li No                                |
| -  | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva  | tion easements during the year           |
| 7  | Amount of expenses incurred in monitoring inspecting handling of sight   |  |
| •  | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e  | easements during the year                |
| 8  |  |  |
| -  | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(   | (B)(i)                                   |
| 9  | and section 170(h)(4)(B)(ii)?  | Yes I No                                 |
| •  | In Part XIII, describe how the organization reports conservation easements in its revenue and expense state  | ement, and balance sheet, and            |
|    | include, if applicable, the text of the footnote to the organization's financial statements that describes the organization easements.   | rganization's accounting for             |
| Pa | t III Organizations Maintaining Collections of Art, Historical Treasures, or Other   | 0::                                      |
|    | Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  | Similar Assets.                          |
| 12 |  |  |
| ıa | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a   | and balance sheet works of art,          |
|    | historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of   | f public service, provide, in Part XIII, |
| h  | the text of the footnote to its financial statements that describes these items.   |  |
| U  | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and I   | balance sheet works of art, historical   |
|    | treasures, or other similar assets held for public exhibition, education, or research in furtherance of public sections as the control of the | ervice, provide the following amounts    |
|    | relating to these items:   |  |
|    | (i) Revenue included on Form 990, Part VIII, line 1  | <b>&gt; \$</b>                           |
| •  | (iii) Assets included in Form 990, Part X  | ം <b>▶ \$</b>                            |
| 2  | If the organization received or held works of art, historical treasures, or other similar assets for financial gain,   | provide                                  |
|    | the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  |  |
| a  | Revenue included on Form 990, Part VIII, line 1  | ► \$                                     |
| b  | Assets included in Form 990, Part X  | ▶ \$                                     |

|      | _    | _ | <u> </u> |    |      |    | _  |
|------|------|---|----------|----|------|----|----|
| Sche | dule | D | (Fo      | иm | 990) | 20 | 17 |

833,841.

480,847.

1,622,731.

2.009.184.

386,453.

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

2,456,572.

867,300.

| Schedule D (Form 990) 2017 Financial S                               | ervices Round              | itable                                 | 36-0753125 Page                       |
|--|----------------------------|--|---------------------------------------|
| Part VII Investments - Other Securities.                             |                            |  |                                       |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line | 11b. See Form 990, Part X              | line 12                               |
| (a) Description of security or category (including name of security) | (b) Book value             | (c) Method of valuation                | n: Cost or end-of-year market value   |
| (1) Financial derivatives  |                            |  |                                       |
| (2) Closely-held equity interests                                    |                            |  |                                       |
| (3) Other  |                            |  |                                       |
| (A)  |                            |  | ·                                     |
| (B)  |                            |  | ·                                     |
| (C)  |                            |  |                                       |
| (D)  |                            |  |                                       |
| (E)  |                            |  |                                       |
| (F)  |                            |  |                                       |
| (G)  |                            |  |                                       |
| (H)  |                            |  |                                       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)     |                            |  |                                       |
| Part VIII Investments - Program Related.                             |                            |  |                                       |
| Complete if the organization answered "Yes" of                       | on Form 990, Part IV, line | 11c. See Form 990, Part X.             | line 13.                              |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation                | : Cost or end-of-year market value    |
| (1)  |                            |  | <u> </u>                              |
| (2)  |                            |  | <del></del>                           |
| (3)  |                            |  | <del> </del>                          |
| (4)  |                            |  | ·                                     |
| (5)  |                            |  | · · · · · · · · · · · · · · · · · · · |
| (6)  |                            |  | ····                                  |
|  |                            |  | <del></del>                           |
| (8)  | <del></del>                |  |                                       |
| (9)  |                            |  | <del></del>                           |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)     | <del></del>                |  |                                       |
| Part IX Other Assets.  |                            |  |                                       |
| Complete if the organization answered "Yes" or                       | n Form 990, Part IV, line  | 11d. See Form 990. Part X J            | ine 15                                |
|  | escription                 | 1.10.000   0.111.000, 1 dit /4, 1      | (b) Book value                        |
| (1) Deposits   |                            | ······································ | 219,525                               |
| (2) Assets held under deferred                                       | compensatio                | n plan                                 | 725,452                               |
| (3) Prepaid pension asset  |                            | prun                                   | 1,498,578                             |
| (4)  | <del></del>                |  | 1,430,370                             |
| (5)  |                            | <u>_</u>                               |                                       |
| (6)  |                            | <del></del>                            | <del></del>                           |
| (7)  | <del>-</del>               |  | <del>-</del>                          |
| (8)  |                            |  |                                       |

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

| 1. (a) Description of liability                                    | (b) Book value |
|--|----------------|
| (1) Federal income taxes   | 203,267.       |
| (2) Refundable advances  | 211,723.       |
| (3) Deferred rent  | 1,830,949.     |
| (4) Deferred compensation liabilities                              | 725,452.       |
| (5) State income tax payable                                       | 61,481.        |
| (6)  |                |
|  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 3,032,872.     |

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

2,443,555.

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

24

732054 10-09-17

36-0753125 Page 4

Schedule D (Form 990) 2017

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

# Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

| OMB No. 1545-0047 | 2017 | Open to Public |
|-------------------|------|----------------|
|                   |      |                |

Inspection

► Go to www.irs.gov/Form990 for the latest information.

| -  | Financial Services                          | Roundtable                                   | 0                                       |   |  |                                       | 36-0753125  | 3125        |
|--|---|--|---|---|--|---------------------------------------|---|-------------|
| Park I General Information on Grants and Assistance  | s and Assistance                            |  |   |   |  |                                       |   |             |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | ds to substantiate th                       | e amount of the grant:                       | s or assistance, the                    | grantees' eligibilit                    | y for the grants or ass                        | sistance, and the selec               |   |             |
|  | ssistance?                                  |  |   |   |  |                                       | _<br>×es<br>×                                     | <u>2</u>    |
| Part II Secretary the Organization's procedures for monitoring the use of grant funds in the United States   | procedures for mon                          | toring the use of grant                      | funds in the Unite                      | d States.                               |  |                                       |   | 1           |
| Tecipient that received more than \$5 000 Part II can be distributed assessed if and answered "Yes" on Form 990, Part IV, line 21, for any                                 | to Domestic Organ<br>in \$5 000 Part II car | izations and Domesti<br>be dudicated if eddi | ic Governments. C                       | complete if the org                     | anization answered "Y                          | 'es" on Form 990, Par                 | t IV, line 21, for any                            |             |
| 1 (a) Name and address of organization or government   | (a)   | (c) IRC section (if applicable)              | (d) Amount of cash grant                | (e) Amount of non-cash assistance       | (f) Method of valuation (book, FMV, appraisal, | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance             | =           |
| Americans for Tax Reform   |   |  |   |   |  |                                       |   | :           |
| 722 12th Street NW, 4th Floor<br>Washington, DC 20005  | 52 1403587                                  | 501(0)(4)                                    | 200                                     | •                                       |  | -                                     | nesearch and publication<br>on how best to reform | ation<br>rm |
|  |   |  | 1000,55                                 | ,<br>                                   | n/a  | n/a                                   | America s tax code.                               |             |
|  |   |  |   |   |  |                                       |   |             |
| į  |   | <u> </u>                                     |   |   |  |                                       |   |             |
|  |   |  | -                                       |   |  |                                       |   |             |
|  |   |  |   |   |  |                                       |   | ļ           |
|  |   |  |   |   | _  |                                       |   |             |
|  |   |  |   |   |  |                                       |   |             |
|  |   |  |   |   |  |                                       |   |             |
|  |   |  | 5<br>5<br>5<br>5<br>5                   |   |  |                                       |   |             |
|  |   |  |   |   |  |                                       |   |             |
| l  | and government or                           | ganizations listed in the                    | e line 1 table                          |   |  |                                       | •   | 0           |
| ۳,   | ns listed in the line                       |  | *************************************** | *************************************** |  |                                       |   | H           |
| LHA For Paperwork Reduction Act Notice, see the Instructions for   | se, see the Instructi                       | ons for Form 990.                            |   |   |  |                                       | Schedule I (Form 990) (2017)                      | (2017)      |

25

Schedule I (Form 990) (2017) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Roundtable management attend monthly meetings with other stakeholders to t C Part IV | Supplemental Information. Provide the information required in Part I, line 2. Part III, column (b); and any other additional information. also Schedule | (Form 990) (2017) Financial Services Koundtable

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. congress they've hosted Roundtable management (d) Amount of non-cash assistance (c) Amount of cash grant Financial Services Roundtable of monitor progress and share its perspective. attended policy forums with senior members (b) Number of recipients (a) Type of grant or assistance discuss these issues. Part I, Line 2: 732102 11-01-17

Page 2

36-0753125

## **SCHEDULE J** (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Part I

Financial Services Roundtable Questions Regarding Compensation

**Employer identification number** 36-0753125

|     |  |                  | Yes  | No   |
|-----|--|------------------|------|------|
| 18  | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99   | <del>3</del> 0,  | 1    |      |
|     | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   |                  |      |      |
|     | First-class or charter travel  Housing allowance or residence for personal   |                  |      |      |
|     | Travel for companions Payments for business use of personal resid  | ence             |      | 190  |
|     | Tax indemnification and gross-up payments  Health or social club dues or initiation fees   | H                |      |      |
|     | Discretionary spending account Personal services (such as, maid, chauffeur,  | chef)            |      |      |
|     |  |                  |      |      |
| b   | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  |                  |      |      |
|     | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   | 1b               |      |      |
| 2   | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,   |                  |      |      |
|     | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  | 2                |      |      |
|     |  | 243              | 100  | , 0  |
| 3   | Indicate which, if any, of the following the filing organization used to establish the compensation of the organizatio   | n's              |      |      |
|     | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization  | to               |      |      |
|     | establish compensation of the CEO/Executive Director, but explain in Part III.   | 1000             |      |      |
|     | Compensation committee   Written employment contract   | 1201             |      |      |
|     | Independent compensation consultant  | 100              |      |      |
|     | Form 990 of other organizations  X Approval by the board or compensation com   | mittee           |      |      |
|     |  | 180              |      |      |
| 4   | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing   | 2312             | 1 X. |      |
|     | organization or a related organization:  | 500              |      |      |
| а   | Receive a severance payment or change-of-control payment?  | 4a               |      | X    |
| b   | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | 4b               |      | X    |
| C   | Participate in, or receive payment from, an equity-based compensation arrangement?   | 4c               |      | X    |
|     | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |                  |      | -    |
|     | Only notation FOM - VOID FOM - VID - |                  |      |      |
| _   | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   |                  |      |      |
| 5   | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  |                  | XX.L |      |
|     | contingent on the revenues of:   |                  |      |      |
| a   | The organization?  | 5a               |      |      |
| D   | Any related organization?  | 5b               |      |      |
| _   | If "Yes" on line 5a or 5b, describe in Part III.   | 3 6              |      |      |
| 6   | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  | - 7              |      |      |
|     | contingent on the net earnings of:   |                  |      |      |
| a   | The organization?  | 6a               |      |      |
| b   | Any related organization?  | 6b               |      |      |
|     | If "Yes" on line 6a or 6b, describe in Part III.   | 1,000            |      |      |
| 7   | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments   |                  |      |      |
| _   | not described on lines 5 and 6? If "Yes," describe in Part III   | 7                |      |      |
| 8   | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  |                  |      |      |
|     | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  | 8                |      |      |
| 9   | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in   | 2223             |      |      |
|     | Regulations section 53.4958-6(c)?  | 9                |      |      |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990.   | Schedule J (Form | 990) | 2017 |

Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|                              |          | (B) Breakdown of \       | W-2 and/or 1099-MISC compensation | 3C compensation           | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|------------------------------|----------|--------------------------|-----------------------------------|---------------------------|--------------------------------|----------------|----------------------|--|
| (A) Name and Title           |          | (i) Base<br>compensation | (ii) Bonus & incentive            | (iii) Other<br>reportable | other deferred<br>compensation | benefits       | (a)·(b)              | in column (B)<br>reported as deferred<br>on prior Form 990 |
|                              |          |                          | compensation                      | compensation              |                                |                |                      |  |
| (1) Timothy Pawlenty         | ε        | 1,810,558.               | 2,050,000.                        | 1,806.                    | 37,800.                        | 1,078.         | 3,901,242.           | 0  |
| CEO                          | <u> </u> | 0                        | 0                                 | .0                        | 0                              | 0.             |                      | 0  |
| (2) John Dalton              | Ξ        | 443,644.                 | 360,000.                          | 0                         | 37,800                         | 0.             | 841,444.             | 0  |
| sident, HPC                  | : 🗐      | 0                        | 0.                                | 0.                        | 0                              |                | 1                    | 0  |
| er Feeney                    | ]≘       | 429,65                   | 390,000.                          | 2,772.                    | 37,800                         | 29,223.        | 889,447.             | 0  |
| President, BITS              | Ξ        |                          | 0                                 | 0                         | 0                              | 0.             |                      | 0.   |
| (4) Eric Hoplin              | 18       | 329,72                   | 240,00                            | 378.                      | 37,800                         | 2,506.         | 610,41               | 0.   |
| Executive Director, FSR      | : 🛢      |                          |                                   | 0.                        |                                | 0.             | .                    | 0  |
| (5) Eric Selk                | ₽        | 218,94                   | 15,000.                           | 996                       | 32,979                         | 6,725.         | 274,61               | 0  |
| Executive Director, Hope Now | : €      | 0                        |                                   | 0.                        | 0                              |                |                      | 0.   |
| (6) Ed Demarco               | ε        | 233,834.                 | 75,000.                           | 210.                      | 0                              | 4,438.         | 313,48               | 0.   |
| President, HPC               | Ξ        | 0                        | 0.                                | 0.                        | 0                              |                |                      | ;  |
| (7) Paul Leonard             | ₽        | 355,832                  | 70,000.                           | 2,772.                    | 37,800                         | 36,346.        | 502,75               | į  |
| VP of Government Affairs     | €        | 0.                       | 0.                                | 0.                        |                                |                |                      |  |
| (8) Kevin Foster             | ₽        | 293,068.                 | 85,000.                           | .996                      | 37,800.                        | 9,730.         | 426,564.             |  |
| WP and Sr. Counsel           | <b>E</b> |                          |                                   | .0                        |                                | - 1            | - 1                  |  |
| (9) Anthony Cimino           | €        | 270,698.                 | 150,                              | 336.                      | 36,600.                        | 8,183.         | 465,817.             | 0.   |
| VP of Government Affairs     | Ξ        |                          |                                   | 0.                        |                                | 0.             |                      |  |
| (10) Francis Creighton       | Ξ        | 107,709.                 | 163,62                            | 0                         | 27,57                          | 0.             | 298,90               |  |
| EVP of Government Affairs    | €        | 0                        |                                   | 0.                        |                                | - 1            |                      |  |
| (11) Jason Kratovil          | ≘        | 244,104.                 | 30,000.                           | 378.                      | 36,59                          | 18,407.        | 329,483.             | 0  |
| VP of Government Affairs     | €        | 0                        | 0                                 | 0                         | 0.                             | 0.             | 0                    | 0  |
|                              | ε        |                          |                                   |                           |                                |                |                      |  |
|                              | 8        |                          |                                   |                           |                                |                |                      |  |
|                              | (3)      |                          |                                   | į                         |                                | į              |                      |  |
|                              | €        |                          |                                   |                           |                                |                |                      | į  |
|                              | 8        |                          |                                   |                           |                                | ľ              |                      |  |
|                              | ₽        |                          |                                   |                           |                                | ţ              |                      | ļ  |
|                              | $\equiv$ |                          |                                   |                           |                                | !              |                      |  |
|                              | =        |                          |                                   |                           |                                |                |                      |  |
|                              | Ξ        |                          |                                   |                           |                                | i<br>i         |                      |  |
|                              | Ξ        |                          |                                   |                           |                                |                |                      |  |

Schedule J (Form 990) 2017

## **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Financial Services Roundtable

Employer identification number 36-0753125

| Form 990, Part I, Line 1, Description of Organization Mission:   |
|--|
| banking and financial policies and practices.  |
|  |
| Form 990, Part VI, Section A, line 6:  |
| The Roundtable's membership is reserved for for-profit companies delivering  |
| integrated financial services within the United States. The Roundtable's   |
| Nominating Committee, comprised of representatives of the membership, has  |
| the authority to nominate Board members for election.  |
|  |
| Form 990, Part VI, Section A, line 7a:   |
| The Roundtable's directors are elected by the membership.  |
|  |
| Form 990, Part VI, Section A, line 7b:   |
| Any amendments to the Roundtable's Bylaws are required to be approved by   |
| the membership.  |
| the membership.  |
| Form 990, Part VI, Section B, line 11b:  |
|  |
| The 990 is prepared by the Roundtable's outside auditors. It is then   |
| reviewed by the CFO and the CEO and a draft is circulated to the Board of  |
| Directors prior to filing.   |
|  |
| Form 990, Part VI, Section B, Line 12c:  |
| The conflict of interest policy is distributed to directors, officers,   |
| executive employees, and key employees for self-disclosure. It must be   |
| signed and returned to the organization, where it is kept on file.   |
| Individuals are required to report any conflicts to the Board, which will  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)   |
| LIM IVII MPVI TOTA I TOUMANATI PARTET |

SCHEDULE R (Form 990)

2017 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 36-0753125 Direct controlling entity End-of-year assets • Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income Ð ► Go to www.irs.gov/Form990 for instructions and the latest information. Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) ▶ Attach to Form 990. Financial Services Roundtable Primary activity Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury internal Revenue Service Part !

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part

| (a)  | (q)                        | (2)                                       | <del>©</del> | <u>•</u>           | E                  | Section 5  | 2(b)(13) |
|--|----------------------------|---|--------------|--------------------|--------------------|------------|----------|
| NIT the souther own                        | Primary activity           | Legal domicile (state or                  | Exempt Code  | Public charity     | Direct controlling | controlled | led      |
| of related organization                    |                            | foreign country)                          | section      | status (if section | entity             | entity?    | ,        |
|  |                            |   |              | 501(c)(3))         |                    | Yes        | Š        |
| Financial Services Roundtable PAC          |                            |   |              |                    | Financial          |            |          |
| 53-0242039 600 13th Street, NW. Suite 400, | 1                          |   |              |                    | Services           | -          |          |
| Washington DC 20005                        | Political Action Committee | Action Committee District of Columbia 527 | 527          |                    | Roundable          | ×          | l        |
|  |                            |   |              |                    |                    |            |          |
|  |                            |   |              |                    |                    |            |          |
|  | <b>T</b>                   |   |              |                    |                    |            |          |
|  |                            |   |              |                    |                    |            |          |
|  |                            |   |              |                    |                    |            |          |
|  | _                          |   |              |                    |                    |            |          |
|  |                            |   |              |                    |                    |            |          |
|  | T                          |   |              |                    |                    |            |          |
|  |                            |   |              |                    |                    |            |          |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Services Roundtable Financial Schedule R (Form 990) 2017

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Page 2

36-0753125

General or Percentage managing ownership 33,338 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Yes No Section 512(b)(13) controlled entity? 乏 YesiNo Percentage ownership ষ  $\varepsilon$ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) N/A  $\epsilon$ Share of end-of-year assets Orsproportionate Yes No allocations? Ξ Share of total income 940,656, Share of end-of-year assets Type of entity (C corp, S corp, or trust) • 647,491 Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) € Ð Unrelated Legal domicile (state or foreign country) Ō (d)
{ Direct controlling entity Primary activity n/a (C)
Legal
domicile
(state or
foreign
country) ŊΕ Primary activity services TLDs to promote 9 financial Operate Name, address, and EIN of related organization 45-4083790, 1120 Connecticut fTLD Registry Services LLC Avenue, NW, Washington, DC Name, address, and EIN of related organization Œ â Part IV 20036

See Part VII for Continuations

732162 09-11-17

Schedule R (Form 990) 2017

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| all or IV of this school is listed in listed in Date II III or IV of this school le  |  |                              |   |                           | Yes No                                  | ٥   |
|--|--|------------------------------|---|---------------------------|---|-----|
| Note: Complete line in any entity is issued in reads in the following transactions with one or more related organizations listed in Parts II-IV?   | s with one or more rel   | ated organizations listed in | Parts II-IV?                              |                           |   | F   |
|  |  |                              |   | <b>1</b> a                |   | ×   |
|  |  |                              |   | 10                        |   | ×   |
| b Giff, grant, or capital contribution to related organization(s)  |  |                              |   | 10                        |   | ×   |
| c Giff, grant, or capital contribution from related organization(s)  |  |                              |   | 19                        |   | ×   |
| d Loans or loan guarantees to or for related organization(s)   |  |                              |   | 9                         | $\vdash$                                | ×   |
| <ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>  |  |                              |   |                           | 100                                     |     |
|  |  |                              |   | <b>=</b>                  |   | ×   |
| f Dividends from related organization(s)   |  |                              |   | 19                        | -                                       | ×   |
|  | Additional Control of the Control of |                              |   | ŧ                         |   | ×   |
| h Purchase of assets from related organization(s)  | ***************************************  |                              |   | ï                         | _                                       | ×   |
|  | ***************************************  |                              |   | 7                         |   | ×   |
| j Lease of facilities, equipment, or other assets to related organization(s)   |  |                              |   |                           |   |     |
| . I am it is a second of a sec |  |                              |   | ¥                         |   | ×   |
| K Lease of facilities, equipment, or orner assets not interest organization for related ones   | anization(e)   |                              |   | =                         |   | X   |
| Performance of services or membership or fundraising solicitations for related organization(s)   | anization(s)   |                              |   | E E                       | П                                       | ×   |
|  | tion(s)  |                              |   | 1                         | ×                                       |     |
| Sharing of facilities, equipment, maining lists, or other assets with  |  |                              |   | 10                        |   | ×   |
| Sharing of pallo employees will related urganization(s)  |  |                              |   |                           |   | Þ   |
| beimburgement resid to related organization(s) for expenses  |  |                              |   | ٩                         | 1                                       | اه  |
|  |  |                              |   | 루                         | ×                                       | ١   |
| d neillibritserient parc of reacted against the part of the part o |  |                              |   | ÷                         |   | ×   |
| r Other transfer of cash or property to related organization(s)  |  |                              |   |                           | T                                       | ×   |
| s Other transfer of cash or property from related organization(s)  | the must complete the  | is line including covered i  | relationships and transaction thresholds. |                           | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֡֓֡֓֓֡֓ |     |
| 2 If the answer to any of the above is "Yes," see the instructions for information on a  | WIID IIIUSI COIIIDISIC II  | Daniel Britania              |   | ŀ                         |   |     |
| (a)<br>Name of related organization  | (b)<br>Transaction<br>type (a-s)   | (c)<br>Amount involved       | (d) Method of determining amount involved | nvolved                   |   |     |
|  |  |                              |   |                           |   |     |
|  |  |                              |   |                           |   |     |
| (2)  | :  |                              |   |                           |   | 1   |
|  |  |                              |   |                           |   |     |
| (3)  |  |                              |   |                           |   |     |
| (4)  |  |                              |   |                           |   |     |
| (9)  |  |                              |   |                           |   |     |
|  |  |                              |   |                           |   |     |
| 732163 09-11-17  | 34   |                              | Schedu                                    | Schedule R (Form 990) 201 | 1 990)                                  | 201 |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

36-0753125

Schedule R (Form 990) 2017 Financial Services Roundtable

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment bartnerships.

Schedule R (Form 990) 2017

| Schedule    | e R (Form | 990) 2017          | Financ            | <u>cial Servi</u>                            | ces Roundt        | :able  |           | 36-0753.   | LZO Page 5  |
|-------------|-----------|--------------------|-------------------|--|-------------------|--|-----------|------------|-------------|
| Part V      | /II Sup   | plemental in       | formation.        | <u> </u>                                     |                   |  |           |            |             |
|             | Provi     | de additional infe | ormation for resp | onses to questions                           | on Schedule R. Se | e instructi                                      | ons.      |            |             |
| -           |           |                    |                   |  |                   |  |           |            |             |
| Part        | III,      | Identif            | ication c         | of Related                                   | Organizat         | ions   | Taxable a | as Partne: | rship:      |
|             |           |                    |                   |  |                   |  |           |            |             |
|             |           |                    |                   |  |                   |  |           |            |             |
|             |           |                    |                   |  |                   |  |           |            |             |
| Name        | of R      | <u>elated O</u>    | rganizati         | lon:   |                   |  |           |            |             |
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| Prim        | ary A     | ctivity:           | Operate           | financial                                    | Services_         | פחחו   | to promo  | ce sarecy  |             |
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| secu        | rity.     |                    |                   | <del></del>                                  |                   |  |           |            |             |
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| N. Wille    |           | 100                |                   |  |                   |  |           |            |             |
| 2 <u> </u>  | 22        |                    | 33                |  |                   |  |           |            |             |
| 729         |           |                    |                   |  |                   |  |           |            |             |
|             |           |                    |                   |  |                   |  |           |            |             |
| 32          |           |                    |                   |  |                   |  |           |            |             |
|             |           |                    |                   |  |                   |  |           |            |             |
|             |           |                    |                   |  |                   |  |           |            |             |
|             |           |                    |                   |  |                   |  |           |            |             |
|             |           |                    |                   |  |                   |  |           |            |             |

# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

| Contracts   | ed below with the exception of Form 8870, Information is, for which an extension request must be sent to the IR is form, visit www.irs.gov/efile, click on Charities & Non-                      | S in pape   | r format (see instructions). For more  | details or  |                                 | С                 |  |  |  |
|---|--|-------------|--|-------------|---------------------------------|-------------------|--|--|--|
|   | atic 6-Month Extension of Time. Only subm  |             |  |             |                                 | <del></del>       |  |  |  |
| All corpor  | ations required to file an income tax return other than F<br>Form 7004 to request an extension of time to file incom   | orm 990-T   | (including 1120-C filers), partnershi  | ps, REMIC   | Cs, and trusts                  |                   |  |  |  |
|   |  |             |  | Enter fil   | er's identifyir                 | ng number         |  |  |  |
| Type or<br>print                                  | Name of exempt organization or other filer, see instru   |             |  | Employe     | r identification                | n number (EIN) or |  |  |  |
| File by the                                       | Financial Services Roundtal  | ole         |  |             | 36-075                          | 3125              |  |  |  |
| due date for<br>filing your<br>return. See        | Number, street, and room or suite no. If a P.O. box, s 600 13th Street, NW, No. 40   |             | itions.                                | Social se   | curity numbe                    | r (SSN)           |  |  |  |
| instructions.                                     | City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Washington, DC 20005   |             |  |             |                                 |                   |  |  |  |
| Enter the   | Return Code for the return that this application is for (fil   | e a separa  | ate application for each return)       |             |                                 | 0 1               |  |  |  |
| Application Return Application Return Is For Code |  |             |  |             |                                 |                   |  |  |  |
| Form 990  | or Form 990-EZ   | 01          | Form 990-T (corporation)               |             | ••-                             | 07                |  |  |  |
| Form 990-   | BL   | 02          | Form 1041-A                            |             |                                 | 08                |  |  |  |
| Form 4720   | O (individual)   | 03          | Form 4720 (other than individual)      |             |                                 | 09                |  |  |  |
| Form 990-   | PF   | 04          | Form 5227                              |             |                                 | 10                |  |  |  |
| Form 990-   | T (sec. 401(a) or 408(a) trust)  | 05          | Form 6069                              |             | · ·                             | 11                |  |  |  |
| Form 990-   | T (trust other than above)   | 06          | Form 8870                              |             | -                               | 12                |  |  |  |
| Telepho<br>If the o                               | Jeremy Newell oks are in the care of  600 13th Street one No.  (202) 289-4322 rganization does not have an office or place of business of or a Group Return, enter the organization's four digit | in the Un   | Fax No.   inted States, check this box |             |                                 | ▶□                |  |  |  |
| box 🕨 🛚   | . If it is for part of the group, check this box   | and atta    | ch a list with the names and FINs of   | all memb    | r the whole gr<br>ers the exten | oup, cneck this   |  |  |  |
| for t   | uest an automatic 6-month extension of time until he organization named above. The extension is for the oxidendar year 2017 or   | Nover       | nber 15, 2018 , to file                | the exem    | npt organization                | on return         |  |  |  |
| ▶L  | tax year beginning   | , and       | d ending                               |             | ·                               |                   |  |  |  |
| 2 If the  | e tax year entered in line 1 is for less than 12 months, cl<br>Change in accounting period   | neck reaso  | on: L Initial return L I               | Final retur | n                               |                   |  |  |  |
| 3a If thi   | s application is for Forms 990-BL, 990-PF, 990-T, 4720,  | or 6069, e  | enter the tentative tax, less any      |             |                                 |                   |  |  |  |
| none  | efundable credits. See instructions.   |             |  | 3a          | \$                              | 0.                |  |  |  |
| <b>b</b> If thi                                   | s application is for Forms 990-PF, 990-T, 4720, or 6069  | enter any   | refundable credits and                 |             |                                 |                   |  |  |  |
|   | nated tax payments made. Include any prior year overp  |             |  | 3b          | \$                              | 0.                |  |  |  |
|   | ince due. Subtract line 3b from line 3a. Include your pa   |             |  |             | ·                               |                   |  |  |  |
|   | sing EFTPS (Electronic Federal Tax Payment System), S  |             |  | 3c          | \$                              | 0.                |  |  |  |
| Caution: If                                       | f you are going to make an electronic funds withdrawal   | (direct del | bit) with this Form 8868, see Form 8   | 453-EO ar   | nd Form 8879                    | EO for payment    |  |  |  |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)